



King County Dept. of Assessments  
King County Administration Bldg  
500 Fourth Ave., Room 740  
Seattle, WA 98104-2384  
206-296-3920

## SENIOR CITIZEN AND DISABLED PERSONS REDUCTION IN PROPERTY TAXES

File this Application with the King County Assessor  
for taxes due in 2010 per RCW 84.36

You will be notified within 4 to 6 weeks ONLY IF your application is DENIED. **PLEASE PRINT YOUR INFORMATION.**

1. I am applying for a senior citizen or disabled exemption and certify the following: (mark appropriate boxes).
- ☐ I currently **own and occupy** this property as my principal residence as of December 31, 2009.
- ☐ I am or will be 61 years of age or older on or before December 31, 2009.
- ☐ I am **disabled and unable** to work by reason of my disability. Attach a **current physician's statement** attesting to your disability if under the age of 61 AND attach a copy of your **SSI award letter**.
- ☐ My spouse was previously approved for an exemption **AND** I am at least 57 years old.
2. Birthdate: \_\_\_\_\_ Spouse Birthdate: \_\_\_\_\_ Date Property Purchased / Occupied: \_\_\_\_\_

3. **Ownership Type:** ☐ Owner / Occupant ☐ Lease for Life Estate – **Attach recorded Document**

4. **INCLUDE ALL TAXABLE AND NON-TAXABLE INCOME of claimant, spouse and co-tenant: (MAX \$35,000)**

Total Earned Wages	\$ _____	Public Assistance OR Alimony Rec'd	\$ _____
NET Social Security (less medicare)	\$ _____	Income received from another Country	\$ _____
IRA OR Annuities Disbursements	\$ _____	Income received from family	\$ _____
Retirement and Pension Income	\$ _____	Any Other income sources	\$ _____
Taxable & <b>NON</b> -Taxable		<b>TOTAL</b> Capital Gains	
Interest OR Dividends (Schedule B)	\$ _____	(DO NOT deduct Capital Losses)	\$ _____
Veteran's Benefit or Disability Income	\$ _____	<b>DOCUMENTED NON-REIMBURSED EXPENSES:</b>	
Unemployment Income	\$ _____	- Nursing Home Expenses	- _____
Taxable & <b>NON</b> -Bonds	\$ _____	- Boarding OR Adult Family Homes	- _____
Business Income before Depreciation	\$ _____	- In-Home Care Expenses	- _____
Rental Income before Depreciation	\$ _____	- Non-Reimbursed Prescription Co-Pay	- _____
Income earned by a CO-TENANT	\$ _____	- Non-Reimbursed Prescription Costs	- _____
Trust, Partnership, Estate or Royalty	\$ _____	Other AGI adjustments on IRS return	- _____
		<b>TOTAL 2009 INCOME</b>	<b>\$ _____</b>

**YOU MUST ATTACH COPIES OF ALL 2009 INCOME INFORMATION**  
**such as year end statements or an entire copy of an IRS return**

5. Claimant's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, Zip: \_\_\_\_\_ Area Code/Phone #: \_\_\_\_\_

**Any exemption granted through willfully providing erroneous information shall be subject to the correct tax being assessed for the last three (3) years, plus a 100% penalty, (RCW 84.40.130).**

**I declare under the penalties of perjury, that all of the fore-going statements are true.**

Your signature must be witnessed by two (2) people OR by one (1) commissioned Deputy Assessor.

_____ Claimant's Signature	_____ Date Signed	_____ Witness Signature	_____ Date Signed
_____ Deputy Assessor	_____ Date Signed	_____ Witness Signature	_____ Date Signed

For Department Use Only:

Ex Level: S P F	Approved	Denied
Reviewer:	Need Seg?	Yes No
Parcel #:		

## INSTRUCTIONS

Your claim is being filed with the King County Assessor's office for taxes payable in **2010** under the requirements of RCW 84.36. It will take 4 – 6 weeks to process your application. If you think you may qualify for any of the three (3) prior years, please call our office or visit our website to obtain additional applications. For each year you wish to be considered for a reduction, you must supply applications with appropriate documentation attached. For taxation purposes, the assessed value of the residence will be frozen at the level of the first year you qualify for exemption. You will still receive annual market value increase notices.

### **INSTRUCTION NUMBERS BELOW CORRESPOND TO THE NUMBERS ON THE FRONT OF THIS FORM.**

1. Mark all boxes that apply to you. If you are **disabled and under 61 years of age**, you **MUST** supply this office with a current, physician signed disability form indicating the year the disability occurred, the type of disability and whether the disability is temporary or permanent. **Or**, you may provide a copy of your SSI award letter.
  2. Fill in your birth date, spouse's birth date and the date you purchased and occupied your residence.
  3. Type of ownership: Check the box that pertains to you. If you have a life estate or a lease for life, you **must attach a copy** of the recorded deed, lease or trust to verify the type of ownership.
  4. **Income and Expense Section:** Copies of documents showing ALL your income and deduction sources MUST be attached or your claim WILL NOT be processed. ALL income must be disclosed whether federally taxable or not and whether reported on your tax return. For example social security payments are considered income for this exemption program. Please provide a complete copy of your IRS Returns with **all** schedules attached, retirement or pension statements, bond statements, annuity statements, social security statements, monies contributed to your household by others, unemployment compensation, public assistance, disability payments, alimony, VA benefits, investment gains, trust or royalty disbursements, IRA disbursements, partnership disbursements, capital gains and business or rental income. Per RCW 84.36.383(5)4(b) and (c) **capital losses and depreciation expenses are not deductible** for this program.
  5. Non-reimbursed licensed nursing home, boarding home or adult family home expenses, including non-reimbursed medication expense for the claimant or a spouse may be deducted from gross income. Documented Non-reimbursed in-home care for the claimant or spouse may be deducted. Items such as oxygen, Meals on Wheels, special needs furniture, attendant care and light housekeeping may be deducted from gross income with receipts. It is not a requirement that in-home care providers be specially licensed. Non-reimbursed prescription drugs costs may be deducted. **Verification must be provided for all claimed expenses.**
- A **co-tenant** is a person who resides with the claimant **AND** has ownership interest in the residence. Co-tenant income information **must** be provided if they reside with you.
6. Name/Address/Signature: Enter your full name, address, phone number and spouse's name. Sign this document before two witnesses and have the witnesses sign the form. **A Power of Attorney must be attached if someone other than claimant is filing and signing the application.**

THIS CLAIM IS SUBJECT TO AUDIT BY THE DEPARTMENT OF REVENUE

**IF APPROPRIATE**, on back years, this application will serve as a Request for Refund. A refund petition will be prepared and mailed to you at a later date. **IF** you receive the refund petition, please SIGN IT and RETURN IT IMMEDIATELY. Your current year billing will receive an adjustment to reflect your exemption.

For additional information or to download forms, visit our website at  
[www.kingcounty.gov/assessor/forms](http://www.kingcounty.gov/assessor/forms)

This material is available, upon advance request, in an alternate format for individuals with disabilities by calling  
TTY 206-296-7888.

KING COUNTY DEPARTMENT OF ASSESSMENTS  
Exemptions Unit  
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